

CONGRESSMAN MARK FOLEY  
WASHINGTON D.C. INTERNSHIP APPLICATION

PERSONAL INFORMATION:

NAME: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

MAJOR: \_\_\_\_\_

MINOR: \_\_\_\_\_

GPA/QCA: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

DATES AVAILABLE  
TO WORK: \_\_\_\_\_

(EXAMPLE: MONDAY-THURSDAY, JUNE 3 -- AUGUST 2, 2002)

STATEMENT:

PLEASE EXPLAIN WHY YOU WOULD LIKE TO HAVE AN INTERNSHIP IN CONGRESSMAN FOLEY'S OFFICE AND WHAT YOU HOPE TO GAIN FROM IT. THIS STATEMENT SHOULD BE NO MORE THAN THREE HUNDRED WORDS.

INTERNSHIP PLEDGE:

IF SELECTED AS AN INTERN, I REALIZE THAT MY ACTIONS WILL REFLECT UPON THE CONGRESSMAN AND THE U.S. CONGRESS. I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE OFFICE OF U.S. CONGRESSMAN MARK FOLEY.

(SIGN) \_\_\_\_\_



*Mark A. Foley*  
M.C.

PLEASE FAX APPLICATION  
AND RESUME TO:

CONGRESSMAN MARK FOLEY  
ATTN: INTERN COORDINATOR  
FAX: (202) 225-3132  
PHONE: (202) 225-5792

DEADLINES:

SPRING TERM: NOV. 30  
FALL TERM: JULY 31  
SUMMER: APRIL 15